

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units 0 0 5 Total Num. Prsns 0 0 6 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 10/04/2011		*Crash Time (24HRMM) 1 7 3 8		Case ID K11-101578		Local Use KC# 11157	
*County Name Bexar				*City Name Kirby		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in an least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude - (decimal degrees)		Longitude - (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. Sys. FM		*Hwy. Num. 78		2 Rdw. Part 1		Block Num. 5300	
3 Street Prefix W		*Street Name FM78		4 Street Suffix HWY			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 50		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc. Blacktop					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1	
Block Num. 100		3 Street Prefix S		Street Name Jaenke		4 Street Suffix ST	
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker	
Street Desc. Blacktop		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GYG6DV		VIN 1 F T E W 1 C W 1 A F C 0 6 2 4 3					
Veh. Year 2 0 1 0		6 Veh. Color GRY		Veh. Make Ford		Veh. Model F-150	
7 Body Style PK		<input checked="" type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type 1		DL/D State TX		DL/D Num.		9 DL Class A	
10 CDL End. N T		11 DL Rest. 96		DOB (MM/DD/YYYY)		1 9 6 3	
Address (Street, City, State, ZIP) San Antonio, TX 78244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity C		Age 47		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 96		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96	
25 Drug Result 97		26 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address San Antonio, TX 78244					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 3		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By Road Runner Towing		Towed To 100 Pecan Schertz, TX					
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. AL71733		VIN 1 F T R F 1 7 W 4 1 N A 3 4 5 0 3					
Veh. Year 2 0 0 1		6 Veh. Color WHI		Veh. Make Ford		Veh. Model F-150	
7 Body Style PK		<input checked="" type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type 1		DL/D State TX		DL/D Num. 14962023		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY)		1 9 7 1	
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Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 40		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96	
25 Drug Result 97		26 Drug Category 97					
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Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 B D - 0 6 - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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LP Num. NFS679		VIN 1 G 8 Z H 5 2 8 9 S Z 3 4 3 0 8 8																																																																													
Veh. Year 1 9 9 5		6 Veh. Color WHI		Veh. Make Saturn		Veh. Model SL2																																																																									
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Colonial County Mutual																																																																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
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Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																																									
LP Num. BR5M586		VIN 2 T 1 B R 1 2 E 0 X C 1 2 2 3 2 3																																																																													
Veh. Year 1 9 9 9		6 Veh. Color WHI		Veh. Make Toyota		Veh. Model Corolla																																																																									
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address San Antonio, TX 78249																																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name GEICO																																																																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 0 3 - R F Q - 2		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
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LP Num. LRF338		VIN 1 J 4 G R 4 8 K 1 5 C 6 6 0 4 9 8																																																											
Veh. Year 2 0 0 5		6 Veh. Color RED		Veh. Make Jeep		Veh. Model Cherokee																																																							
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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address																																																											
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Towed By				Towed To																																																									

Case ID K11-101578

TxDOT
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	BAMC	Acadian Ambulance		
	2	1	University Hospital	Converse Ambulance		
	3	1	University Hospital	Acadian Ambulance		
	3	2	University Hospital	AirLife Helicopter		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Reckless Driving	K11-101578
	2	1	Reckless Driving	K11-101578

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name						
	Carrier's Primary Addr.						
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	73	61													
	2	73							1	1	97	2	1	1	17	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Indicate North	Field Diagram - Not to Scale
		<p>Unit # 1 was traveling westbound on FM 78 behind Unit # 2. Witnesses stated that both vehicles were speeding and changing lanes in an unsafe manner. According to witnesses Unit #1 was chasing Unit #2 at times driving in the center lane. As Unit #1 was following Unit #2 at an unsafe speed and distance Unit # 2 without warning applied his brakes causing Unit #1 to collide sending Unit # 2 into the opposing lanes of travel and side swiping Unit # 4. Unit # 2 then collided with Unit # 3 who was traveling Eastbound and as Unit # 2 spun around it also collided with Unit # 5. The driver of Unit # 1 was transported with chest pains. The driver of Unit # 2 was transported with serious bodily injury. The driver of Unit # 3 was also transported with serious bodily injury and the child passenger in Unit #3 was air lifted with head trauma. The driver of Unit # 5 was evaluated by EMS with minor injuries and released.</p>		

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)	
	1	7	3	8	Dispatcher	10/04/2011
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)		ID Num.		

ORI Num.	Agency	Distict/Area
T X 0 1 5 0 9 0 0	Kirby PD	P A T R O L